

<b>SERFF Tracking #:</b>	ICCI-128560284	<b>State Tracking #:</b>	<b>Company Tracking #:</b> HIC-ACC-AMEND 06/12
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment		
<b>Product Name:</b>	Humana Accident Amendment Rider HIC-ACC-AMEND 06/12		
<b>Project Name/Number:</b>	Humana Accident Amendment Rider/HIC-ACC-AMEND 06/12		

## Filing at a Glance

Company: Humana Insurance Company  
 Product Name: Humana Accident Amendment Rider HIC-ACC-AMEND 06/12  
 State: Arkansas  
 TOI: H03I Individual Health - Accidental Death & Dismemberment  
 Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
 Filing Type: Form  
 Date Submitted: 07/11/2012  
 SERFF Tr Num: ICCI-128560284  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num:  
 State Status: Approved-Closed  
 Co Tr Num: HIC-ACC-AMEND 06/12  
 Implementation: On Approval  
 Date Requested:  
 Author(s): Brenda Dawson  
 Reviewer(s): Rosalind Minor (primary)  
 Disposition Date: 07/16/2012  
 Disposition Status: Approved-Closed  
 Implementation Date:  
 State Filing Description:

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## General Information

Project Name: Humana Accident Amendment Rider

Project Number: HIC-ACC-AMEND 06/12

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Brenda Dawson

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 07/16/2012

State Status Changed: 07/16/2012

Created By: Brenda Dawson

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for review and approval for use in your state is the attached Amendment. This form is new and is not intended to replace any form previously filed in your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Humana Insurance Company, a Wisconsin domiciled company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

This Amendment amends the Individual Accidental Death and Dismemberment Policy form HIC-ACC-POL-AR 2/11 previously approved by your Department on February 23, 2011 under SERFF Tracking # ICCI-127017751. It deletes exclusion and limitation item # I) pertaining to injury sustained by a dependent child while participating in organized complete football games, in its entirety.

We certify that to the best of our knowledge and belief, this form does not violate any laws or regulations of your state and does not contain any previously disapproved provisions. This form was prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract or to the general print size.

## Company and Contact

### Filing Contact Information

Brenda Dawson, Authorized Representative [Brendadawson@inscompliance.com](mailto:Brendadawson@inscompliance.com)

3925 East State Street, Suite 200 815-316-6714 [Phone]

Rockford, IL 61108 815-986-2355 [FAX]

### Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Humana Insurance Company

P.O Box 740036

500 West Main Street

Louisville, KY 40201-7436

(502) 580-2712 ext. [Phone]

CoCode: 73288

Group Code: 119

Group Name: Humana Insurance

Company

FEIN Number: 39-1263473

State of Domicile: Wisconsin

Company Type: L&H

State ID Number:

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

Company	Amount	Date Processed	Transaction #
Humana Insurance Company	\$50.00	07/11/2012	60788453

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/16/2012	07/16/2012

<b>SERFF Tracking #:</b>	ICCI-128560284	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	HIC-ACC-AMEND 06/12
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## Disposition

Disposition Date: 07/16/2012

Implementation Date:

Status: Approved-Closed

Comment:

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Humana Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Authorization Letter	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: HIC-ACC-AMEND 06/12							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1	Approved-Closed 07/16/2012	HIC-ACC-AMEND 06/12	POLA	Amendment	Initial:		HIC-ACC-AMEND 06-12 - clean copy 7-5-12.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

Humana Insurance Company  
1100 Employers Boulevard  
DePere, Wisconsin 54344  
1-800-845-7519

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**AMENDMENT**

This Policy Amendment is attached to and made part of the Policy effective [Month Day, Year] at 12:01 AM, Standard Time at Your place of residence. Any changes in coverage apply only with respect to covered losses that occur on or after that date. [Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.]

[In consideration of timely payment of the required premium], [T][t]he Policy has been amended as follows:

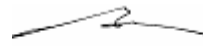
**[EXCLUSIONS AND LIMITATIONS, item I)** pertaining to injury sustained by a dependent child while practicing for or participating in organized competitive football games, has been deleted in its entirety.]

[The Total Monthly Premium under the Policy is hereby changed to [\$xxx.xxx]]

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

Signed for by Humana Insurance Company at its Home Office on the Policy Effective Date.

  
Michael B. McCallister  
President

  
Gerald L. Ganoni  
Vice President

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## Rate Information

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:** %

**Overall Percentage of Last Rate Revision:** %

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

### Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Humana Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%



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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	07/16/2012
Comments:			
Attachment(s):			
Cert of Comp. with Rule 19 Ind acc AMEND 06-12.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	07/16/2012
Bypass Reason:	NA		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	07/16/2012
Bypass Reason:	NA		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	07/16/2012
Bypass Reason:	NA		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter	Approved-Closed	07/16/2012
Comments:			
Attachment(s):			
Humana Insurance Company Authorization letter (2012).pdf			

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: Humana Insurance Company

Form Number(s): HIC-ACC-AMEND 06/12

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.



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Signature of Company Officer

Gerald L. Ganoni

Name

President

Title

July 11, 2012

Date



January 1, 2012

To: All State Insurance Departments

Humana Insurance Company hereby authorizes Insurance Compliance Consultants, Inc., to file the attached form(s) or a state specific variation of it, and to act on Our behalf regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Humana Insurance Company may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

Dave Vanden Heuvel  
Director of Business Services  
Humana Insurance Company